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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-10)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF
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2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND
OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL
CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(940073)-CJCS VISITS U.S. FORCES IN ZAGREB
(940074)-JOSEPH NAMED ASD FOR HEALTH AFFAIRS
(940075)-NHRC SET TO BEGIN STUDY OF GULF WAR VETERANS
(940076)-NAVY PEDIATRICIAN DEVOTED TO STOPPING CHILD ABUSE
(940077)-KEEP KIDS FROM BEING A MOLESTER'S CATCH
(940078)-NAVY MEDICAL DEPARTMENT PEOPLE IN SPECIAL OPERATIONS

HEADLINE: CJCS Visits U.S. Forces in Zagreb

UNPROFOR Camp Pleso, Zagreb, Croatia (NSMN) -- Chairman of
the Joint Chiefs of Staff GEN John M. Shalikashvili visited with
the members of the U.S. contingent here 30 March.

Shalikashvili was greeted at Camp Pleso by two other
visitors, ADM Jeremy M. Boorda, Commander, Joint Task Force
Provide Promise, and VADM Leighton W. Smith, Deputy Chief of
Naval Operations for Plans, Policy and Operations.

The majority of the U.S. service members in Croatia support
the U.N. Protection Forces by manning the Navy's Fleet Hospital
Zagreb. The 60-bed field hospital is the fourth deployed to
serve as part of the JTF.

The general spoke with joint task force personnel, Marines,
SeaBees and the hospital staff as he toured tent city in the
American compound here. He also toured the morale, welfare and
recreation facilities.

"What you represent here, what this hospital and what this
compound is, is a lot more than all of you may realize," said
Shalikashvili, "it's a terribly, terribly important American
presence."

Although this is not the general's first visit to U.S. forces at Camp Pleso, it is his first opportunity since becoming chairman of the joint chiefs. His previous visit was during duty as Supreme Allied Commander, Europe, the position he held prior to becoming chairman.

His visit here was part of a trip which included stops in Italy, Bosnia, the Former Yugoslav Republic of Macedonia and Germany.

While in Zagreb, he joined U.S. Ambassador to the United Nations Madeleine Albright for meetings with Croatian President Franjo Tudjman and U.S. Ambassador Peter Galbraith. A news conference was held at the Zagreb airport, where the ambassador issued a short statement on the meetings she and the general had with Croatian and UNPROFOR officials.

Albright praised the cease-fire agreement signed early that day and the momentum building for the peace process, saying she was "very pleased with the direction in which this is going." Acknowledging that there is still work to be done, Albright added, "We are all aware of the fact that this is still a very long road to what has to be a negotiated settlement for the people of these countries."

Shalikashvili said he is encouraged by the Croatian government's wish to join the "Partnership for Peace." "I hope that the process can go forward," he said, "and that Croatia will be in touch with NATO on this matter." He also stated, "It is clear the U.S. would be involved in the overall peace plan, although no specifics have been discussed." Directly following the news conference, Shalikashvili accompanied Albright to Sarajevo.

As he stopped and talked with U.S. service members earlier in the day, Shalikashvili thanked them for their hard work and enthusiastic participation in the joint operation. "You really carry the American flag," he said. "No one could be prouder of our American men and women than I am."

-USN-

HEADLINE: Joseph Named ASD for Health Affairs

DOD Washington (NSMN) -- Secretary of Defense William Perry conducted a swearing-in ceremony at the Pentagon on 23 March for the new Assistant Secretary of Defense (Health Affairs) Stephen C. Joseph, M.D., M.P.H. Joseph was nominated for the position by President Clinton 20 November 1993 and was confirmed by the Senate 22 March 1994.

As ASD(HA), Joseph is responsible for overall supervision of the health and medical affairs of the Department of Defense. He serves as the principal staff assistant and advisor to the Secretary of Defense for all DOD health policies, programs and activities and, subject to the direction of the Secretary of Defense, exercises oversight of all DOD health resources.

The primary mission of the ASD(HA) is to ensure the nation has available at all times a healthy fighting force supported by a combat ready health care system. The ASD(HA) is responsible for providing a cost effective, quality health benefit to active duty members, retirees, survivors, and their families. The

ASD(HA) carries out the medical readiness and health care delivery responsibilities to more than nine million DOD beneficiaries through a \$13 billion health care system consisting of a worldwide network of 168 hospitals, over 800 medical and dental clinics, and the Department's civilian sector health benefits cost sharing program.

Prior to his nomination, Joseph served as dean of the School of Public Health, and professor of Public Health and Pediatrics at the University of Minnesota. He previously served as the Commissioner of Health of New York City.

Before joining the New York City Department of Health, he served as Special Coordinator for Child Health and Survival for the United Nations Children's Fund. In addition, Joseph was chief of Pediatrics at Grenfell Regional Health Services in Newfoundland. He has also worked as a physician at Children's Hospital in Boston, at the Children's Hospital Center of the District of Columbia, and with the Agency for International Development in Central Africa and in Washington. He was a Peace Corps physician in Nepal for two years during his five year term as a commissioned officer with the U.S. Public Health Service.

Joseph has been director of the Neighborhood Health Centers Program at the Office of Economic Opportunity, director of the Office of International Health Programs at the Harvard School of Public Health and special assistant to the Assistant Secretary of Health and Scientific Affairs at the U.S. Department of Health, Education and Welfare. He has held faculty positions at Harvard University, the University of Health Sciences in Cameroon and the Memorial University of Newfoundland.

Among his numerous awards and honors, Joseph holds the outstanding U.S. Alumnus Award for Public Health Leadership from Johns Hopkins School of Public Health, the Hermann Biggs Award of the New York State Public Health Association and the Public Service for Medicine Award, American College of Physicians (NY).

Joseph's professional affiliations include being an elected member of the National Academy of Sciences Institute of Medicine and the Johns Hopkins University Society of Scholars. He is a Fellow of the American Academy of Pediatrics and the American Public Health Association.

Joseph was born in New York City, New York, 25 November 1937. A graduate of Harvard College (1959), Joseph received his M.D. from Yale University School of Medicine (1963) and his M.P.H. from Johns Hopkins School of Hygiene and Public Health (1968). He served his internship and residency in pediatrics at Boston Children's Medical Center. He is married to Elizabeth Preble. They have two daughters, Denise Ellen and Tara Anne.

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HEADLINE: NHRC Set to Begin Study of Gulf War Veterans

NHRC San Diego (NSMN) -- At the direction of the Surgeon General of the Navy, the Naval Health Research Center, San Diego, in collaboration with the U.S. Army, the University of California, San Diego, the Department of Veterans Affairs and other Navy commands, is launching a five-year study to examine the evidence for Persian Gulf War-related illnesses.

These studies, designed to help define a Gulf War Veterans Syndrome, will target likely origins and associated risk factors. In addition, they may also lead to better diagnostic tools, improved treatment, and preventive cure measures for military personnel deployed in future conflicts.

Because attempts to determine the causes of Gulf War illness have been inconclusive to date, additional medical research and clinical resources are being used to investigate this problem. Navy Surgeon General VADM Donald F. Hagen, MC, recently testified before a House Armed Services Committee, explaining the Navy's approach. Citing Navy medicine's primary mission to maintain the health of the active duty forces of the Navy and Marine Corps, Hagen said Navy and Marine Corps personnel will be informed of research findings and survey results. Among the agencies and organizations involved are the National Institutes of Health workshop, the Defense Science Board Task Force on Chemical and Biological Warfare Exposure, the Interagency (VA, DOD and Health and Human Services) Persian Gulf Veterans Coordinating Board, the National Academy of Sciences' Institute of Medicine/Medical Follow-up Agency, and the VA Persian Gulf Expert Scientific Committee.

The Navy's comprehensive approach toward understanding and explaining the diverse symptoms experienced by some of the more than 650,000 U.S. military personnel deployed to the Persian Gulf during the 1990-91 period began in November 1992 with initial data collected by a multidisciplinary team. This group of researchers, led by epidemiologists from the Navy Environmental and Preventive Medicine Unit, No. 2 (NEPMU-2), conducted surveys on detachments of Reserve Naval Mobile Construction Battalion 24. Some of the most commonly reported symptoms are headaches, joint pain, sleep problems, fatigue and muscle pain.

Researchers at NHRC have planned three extensive studies designed to determine if Gulf War veterans have a higher illness and mortality rate than nondeployed personnel. The military populations (active duty and Reserve) included in these studies will be followed prospectively for at least five years to detect possible latent manifestations of Gulf War-related disease.

Some of the causative agents NHRC researchers will consider include chemical and biological weapons exposure, exposure to war materials, industrial accidents, pollutants, vaccinations (standard and investigational), post-traumatic stress syndrome and use of medications (e.g., pyridostigmine, a chemical warfare antidote).

In the first of the three studies, NHRC investigators will follow up on NEPMU-2's initial study of Navy construction battalion personnel (SeaBees) by interviewing, sampling blood, and distributing questionnaires to a total of 2,250 SeaBees, 1,500 of whom are Gulf War veterans, to determine the prevalence of symptoms that may be related to Gulf War hazards or other stressors. Additional data collected will include potential environmental, clinical, occupational, geographical, temporal and demographic risk factors. The aim is to identify illnesses that may be more common in Desert Storm veterans and to identify possible risk factors.

The second study will be a comparison of post-war hospitalizations among approximately 350,000 active duty military personnel who participated in the Gulf War and 700,000 similar military personnel who did not deploy to the Persian Gulf. This study is designed to determine if military personnel (U.S. Navy, Army and Marine Corps) deployed to the Gulf War are as healthy as their counterparts who remained at home, by using military hospital records and early 1990 physical fitness test scores.

The study populations identified in the second study will also be used in the third study, which will compare health factors of children born to Gulf War veterans to those of other active duty, non-Gulf War veterans. The goal will be to determine if differences exist between the two groups in terms of premature birth, birth defects and prenatal death.

With research under way in national scientific and medical communities, and with the upcoming study at NHRC, answers may be found to the unexplained illnesses of those who served in the Persian Gulf War.

Story by Michelle Stoia

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HEADLINE: Navy Pediatrician Devoted to Stopping Child Abuse

NAVHOSP Bremerton, WA (NSMN) -- April is National Child Abuse Prevention Month. As such, the month is devoted to focusing awareness and providing education on the many aspects of child abuse, along with providing ways to prevent and recognize child mistreatment.

One of the leading national experts in the child abuse field is Navy pediatrician CDR Barbara Craig, MC, who is stationed at Naval Hospital Bremerton. She has devoted her career to exploring causes and treatment of child abuse. Her pioneering and innovative work in this field has put her in demand from various local, state and national groups for consultation and lectures.

Craig hopes to begin a program this summer to train Navy physicians in recognizing, treating and preventing child molestation that would be funded by the Navy Family Advocacy Program. Additionally, because of Craig's expertise, Naval Hospital Bremerton has been selected as a pilot site to test a model "Death Review Team" that will review all deaths of children under the age of 18; Craig will serve as the chair of the team.

As the nation focuses its attention on child abuse during the month of April, we can take comfort that professionals such as Craig are working diligently toward eliminating this abuse by learning how to identify and correct abuse at its earliest stages and preventing abuse through education and support networks.

If you know a child who needs help -- or an adult who needs to learn control -- contact your local Family Advocacy Representative through your naval hospital or Family Service Center. The following national hot line numbers can also help: Child Help USA's National Child Abuse Hot Line, 1-800-422-4453; and National Council of Child Abuse and Family Violence, 1 800 222-2000.

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HEADLINE: Keep Kids From Being a Molester's Catch

USNH Yokosuka, Japan (NSMN) -- The methods child molesters generally use to lure children into situations where they may be abducted include: affection, assistance, authority, bribery, ego, emergency, fun and games, heroes, jobs, threat, magic and rituals, pornography, and drugs.

Parents are not helpless in protecting their children, and the following can help your children resist common lures:

- Teach basic morals to children when they are preschoolers. Teach the difference between right and wrong and set a good example of what you've taught them.

- Teach children that most adults are nice, but some may try to hurt them. Teach children that if they follow your rules, they will be protected from molesters and abductors.

- Teach children that they have "private parts" -- the area(s) covered by their bathing suits. No one has the right to touch them there unless you give permission, such as for medical examination. Teach them that it is against the law for someone to touch them there, and that they should tell you if someone does.

- Teach children that if they are approached by an adult for help, for any reason, that they should take two giant steps backward and be prepared to run away as fast as they can. Adults should ask other adults for help.

- Teach children that if they are asked to go with a police officer, they should ask to see the officer's badge and to have the officer call their parents or the police station first. If the officer is in an unmarked car, insist on having a marked patrol car meet them first. A real police officer will understand these conditions and will not get mad.

- Prepare a plan of action in case of an emergency at home. Have children call home or the home of a friend or relative if a stranger or policeman tells them of an emergency.

- Teach children that it is wrong and can be dangerous to keep secrets from parents. They should tell you any time someone wants them to keep something a secret from you; they should tell you about anyone who has asked a child to keep something secret from his or her parents.

- Teach children never to go anywhere with anyone unless they have your permission. This includes the police and anyone who offers them a job, especially a talent agent. If your children sell things door to door, make sure they know never to enter someone's home unless you or another adult they trust is with them.

- Do not place name tags on clothing or items where they can be seen by a casual observer.

- Teach children that threats against you or other family members are against the law and that they need to report the threat as soon as possible. Giving in to threats will only make matters worse.

- Teach children that the only way to protect themselves from a gun or knife is to run and scream at the top of their lungs. Child abductors and murderers when interviewed have said

that they would flee if their targeted victims make a scene.

-- Check out the house of your children's playmates if they spend a lot of time there. Make unannounced visits. Pay special attention where a single male or boyfriend is in the home.

-- If children display knowledge of sexual matters beyond their age, ask directly if someone has had them take off their clothes, fondled them, or taken pictures of them without any clothes on.

-- If a child begins to reject basic values taught at home about family, laws and religious beliefs, ask how, when and why the rejection came about. This could indicate early abstract thought, or it could indicate the child has become involved in a cult.

-- Keep your home free of pornography. If your child sees this at home, it makes a molester's lure of pornographic material seem legitimate. If your child is found with pornography, locate the source.

The dos and don'ts of helping your children protect themselves from potential molesters are:

-- Don't use scare tactics.

-- Don't preach.

-- Do discuss.

-- Do listen.

-- Do repeat.

-- Do set a good example.

Story by LT D. Goddard, MC, based on information presented by Mr. Kenneth Wooden at the 18th Annual Scientific Convention of the Uniformed Services Association of Family Practice. Wooden is dedicated to teaching children to protect themselves from abductors and molesters.

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HEADLINE: Navy Medical Department People in Special Operations
BUMED Washington (NSMN) -- Wherever the Navy or Marine Corps goes, so does the Navy Medical Department. Thirty percent of our personnel are normally assigned with deployable fleet and fleet marine forces units. Additional medical support is provided for operations such as Provide Promise. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Southern Watch

Total medical/dental personnel: 34 (includes six BUMED augmentees)

USS Independence (CV 62) Carrier Battle Group (CVBG): The CVBG has 45 ward beds, one operating room, eight intensive care beds, four quiet room beds, 118 overflow beds and has a medical/dental staff of 60.

In Country: Attached with the Administrative Support Unit Bahrain are three physicians, one dentist, three nurses, two Medical Service Corps (MSC) officers and 26 corpsmen. BUMED also provides one physician and one corpsman to augment the COMUSNAVCENT staff, which is located adjacent to ASU Bahrain.

Operation Provide Promise (The Former Yugoslavia)

Total medical/dental personnel: 253 (includes one BUMED

augmentee)

USS Saratoga (CV 60) Carrier Battle Group (CVBG): The CVBG has 60 ward beds, one operating room, eight intensive care beds, four quiet room beds and has a medical/dental staff of 73.

LCDR Gail Regan, MSC, from MED 24 is located at Camp Pleso, Zagreb, Croatia, and is acting as the Environmental Health Officer for the UNPROFOR located in country.

Personnel from Fleet Hospital 6 took over the staffing of Camp Pleso's field hospital in a 17 March ceremony.

Operation Joint Task Force Full Accounting

Navy physicians and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Naval Hospitals Oak Harbor, WA, and Pensacola, FL, are providing IDCs to augment two missions that are currently in country. Three of the 10 missions to Southeast Asia identified for FY94 have been completed.

Operation Continue Hope

USS Inchon (LPH 12) Amphibious Ready Group (ARG): The ARG has 31 ward beds, five operating rooms, three intensive care beds, eight quiet room beds, 332 overflow beds and has a medical/dental staff of 127.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team 2 (minus): Nine people -- two physicians, two nurses and five corpsmen from Naval Medical Center Portsmouth, VA, are providing MMART surgical team coverage for Operation Support Democracy (Haiti).

Surgical Team 8 (reinforced): 30 people -- three physicians, eight nurses and 19 corpsmen from Naval Hospital Jacksonville, FL, are scheduled to provide MMART surgical team coverage for Operation Continue Hope on board USS Peleliu (LHA 5) from 17 February through 15 April 1994.

Surgical Team 5 (minus): Six people -- two physicians, one nurse and three corpsmen from Naval Medical Center Oakland, CA, are providing MMART surgical team coverage for Operation Valiant Usher 94-4 and China Sea Operations.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to eight fleet platforms and five OCONUS facilities are 22 Navy Medical Department personnel: 10 physicians, five nurses, two MSCs and five hospital corpsmen.

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4. Two-month calendar of events and observances:

APRIL

Month of the Military Child

National Child Abuse Prevention Month -- "Choose Not to Abuse"

Cancer Control Month

National Alcohol Awareness Month
National Occupational Therapy Month
Youth Suicide Prevention Month

1 April - 3 May: Navy Savings Bond Campaign -- "Secure Your Future Today"

1-3 April: Alcohol-Free Weekend
2 April, Sundown: Passover Ends
2 April 1948: Navy Dental Technician Birthday
3 April: Easter
3 April, 0200: Daylight-saving time begins (set clocks forward one hour)

4-10 April: Healthcare Access Personnel Week -- "We Admit We Care" (recognizes admissions, registration and patient access services staff)

7 April: World Health Day
8 April: Holocaust Remembrance Day
11 April: Transfer/Redesignation Board Convenes
11-17 April: National Medical Laboratory Week
13 April: Night Detailing until 2200 Eastern Daylight Time
15 April: Income Tax Filing Deadline
17-23 April: National Organ/Tissue Donor Awareness Week
17-23 April: National Volunteer Week
17-23 April: National Library Week -- "Libraries Change Lives"

18 April: Active O-5 MC/DC/MS/NC Selection Boards Convene
18 April: Active O-5 Staff LDO Board Convenes
22 April: Earth Day
25 April: Medical ECP Board Convenes
27 April: Secretaries Day
28 April: Night Detailing until 2200 Eastern Daylight Time
30 April: E-9 Evaluations Due

MAY

Asian-Pacific Heritage Month
National Physical Fitness and Sports Month
Better Hearing and Speech Month
Better Sleep Month
Correct Posture Month
Huntington's Disease Awareness Month
National Arthritis Month
National Asthma and Allergy Awareness Month
National Digestive Diseases Awareness Month
National High Blood Pressure Month
National Melanoma/Skin Cancer Detection and Prevention Month
National Mental Health Month
National Trauma Awareness Month
National Sight-Saving Month
American Lung Association Clean Air Campaign (check your local ALA for Clean Air Week activities)

1-7 May: Medic Alert Week
3 May: VOTE! Indiana, North Carolina and Ohio State

Primaries

5 May: National Day of Prayer
5 May 1847: American Medical Association began
5-8 May: Public Service Recognition Week

6-12 May: National Nurses Week -- "Nurses: Charting the Course for a Healthy Nation" -- call (202) 554-4444, x239 for a media kit.

6 May: National Nurses Day

8 May: Mother's Day

8-14 May: National Hospital Week

8-14 May: National Nursing Home Week

8-14 May: National Osteoporosis Prevention Week

8-14 May: National Running and Fitness Week

8-14 May: National Stuttering Awareness Week

8-14 May: SAFE KIDS Week

10 May: VOTE! Nebraska, Pennsylvania and West Virginia State Primaries

13 May 1908: Navy Nurse Corps Birthday

13 May: Military Spouse Day

15-21 May: Armed Forces Week -- "Peace through Readiness"

15-21 May: National Transcriptionist Week

15-21 May: National Surgical Technologist Week

16 May: Naval Reserve 0-5/0-6 MC/DC/MS/NC Boards Conven

17 May: VOTE! Oregon State Primary

18 May: National Employee Health and Fitness Day

21 May: Armed Forces Day -- "Peace through Readiness"

24 May: VOTE! Idaho and Kentucky State Primaries

25 May: National Missing Children's Day

30 May: Memorial Day

31 May: VOTE! Arkansas State Primary

31 May: World No Tobacco Day

31 May: ENS FitReps Due

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR, NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793; DSN 294-0793. FAX (202) 653-0086; DSN 294-0086. E-MAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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